



ADD OR SUBSTITUTE CLAIMANT

A. INSTRUCTIONS

Fire Victims and attorneys seeking to cure a technical deficiency within a timely filed Proof of Claim ("POC") may complete this form to request Claims Administrator approval to: (1) add a new Claimant, including a family or household member or other claim holder (e.g., a trust) that was inadvertently excluded from the filed POC; (2) add a new Claimant based on a permissible transfer of Claim; or (3) add or substitute a Representative Claimant for a Claimant who has died or become incapacitated. Complete one form per Fire Victim.

B. NEW CLAIMANT INFORMATION

Claimant Name	Deborah Strait														
Basis of Request	Identify the relationship of the new Claimant to the Claimant identified in Section C: <input type="checkbox"/> Family/household member <input checked="" type="checkbox"/> Representative Claimant <input type="checkbox"/> Transferee <input type="checkbox"/> Other: _____														
Explanation	Explain why the new Claimant was not named in the filed POC and needs to be added at this time. Attach additional pages, if necessary, as well as any supporting documents. Katherine M. Massae died on May 12, 2021. Deborah Strait was her daughter and named as her next of kin and is listed as such on her death certificate.														
Law Firm (Leave blank if not represented by an attorney)	<table><tr><td colspan="3">Law Firm and Attorney Name Levin Law Group PLC</td></tr><tr><td colspan="3">Street Address 2615 Forest Avenue, Suite 120</td></tr><tr><td>City Chico</td><td>State CA <input type="checkbox"/></td><td>Zip Code 95928</td></tr><tr><td>Phone (530) 353 - 1679</td><td colspan="2">Email rlevin62@aol.com</td></tr></table>			Law Firm and Attorney Name Levin Law Group PLC			Street Address 2615 Forest Avenue, Suite 120			City Chico	State CA <input type="checkbox"/>	Zip Code 95928	Phone (530) 353 - 1679	Email rlevin62@aol.com	
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C. RELATED CLAIMANT / TIMELY PROOF OF CLAIM

Identify the existing Claimant and timely Proof of Claim to which the new Claimant in Section B relates.

Claimant Name	Katherine M. Massae		
Prime Clerk Claim Number	96138	Claimant ID	1025937

D. HOW TO SUBMIT THIS FORM AND RELATED DOCUMENTS

Email this completed form to info@firevictimtrust.com. If you have questions about completing or submitting this form, call or email your designated Case Manager or info@firevictimtrust.com. For more information about the Fire Victim Trust, visit the official website at www.FireVictimTrust.com to read the Frequently Asked Questions, Trust Agreement, and Claims Resolution Procedures.

Person Completing Form	Emily S. Levin	Completion Date	10/13/2021
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